

Department of Public Health and
Human Services (DPHHS)

Health Insurance Portability and Accountability Act ("HIPAA") Privacy Policy

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Date: November 18, 2002

Revised Date:

Policy Title:	Minimum Necessary		
Policy Number:	003	Version:	1.0
Approved By:			
Date Approved:			

Purpose:

This policy addresses reasonable efforts to limit the amount of Protected Health Information ("PHI") requested and disclosed about a patient to the minimum amount that is necessary to accomplish the purpose of the use (see HIPAA Privacy Policy Number 002 on Uses and Disclosures of PHI).

Exceptions: The minimum necessary rule does not apply in the following circumstances:

- a. Information necessary to provide treatment;
- b. As requested by the patient;
- c. As required by law; and
- d. As required for compliance with federal or state program mandates.

Policy:

1. DPHHS will limit its use and disclosure of PHI to the minimum that is necessary to accomplish the need. DPHHS will also limit the amount of PHI it requests to the minimum that is necessary to accomplish the need.
 - a. Routine Disclosures – Each program will develop procedures to determine the minimum amount of information it can request or disclose to accomplish its defined purposes. Programs may not use, disclose or request an entire medical record unless the entire medical record is specifically justified as the amount of information needed to accomplish the purpose of the use, disclosure or request.

- b. Non-Routine Disclosures – Each program must develop criteria for non-routine disclosures and requests to assure that each request is evaluated against such criteria to limit the information used, requested or disclosed to the minimum necessary to accomplish the purpose for the information.
- c. Access to Information – Supervisors must determine levels of access to PHI required by each job classification and must limit access to those staff that requires the information in order to perform their job duties.

Procedure:

MCDC will release only minimum necessary information for all signed release forms. A designated record has been established. All additional information in the record at the time of the patient's discharge will be destroyed.

1. Routine disclosures - MCDC will send out a copy of the Discharge Summary.
2. Non-routine disclosures – From health care facilities laboratory findings will be sent only when specifically requested. Only the findings requested will be sent, other non-requested findings will not be sent. If a copy of the physical exam is requested it will also be sent. When in doubt of specific information to send verify with the Health Information Supervisor. If a signed release form is requesting additional information, a telephone call to that agency will be made to inquire as to the exact nature of the information requested and the purpose of the request. The Health Information Supervisor or her designee will then determine the amount of information to release based on the information obtained from the telephone conversation with the requesting agency. At all times the minimum necessary rule will be followed.
3. A level three-security status has been given to all MCDC employees. All employees will be trained in HIPPA compliance prior to April 2003 and yearly thereafter. Only Health Information employees will release information by mail, fax or e-mail. Other employees have access to the patient records to accomplish their own job duties (admission, documentation, interviews, medical exams, assessments, etc.), but do not have authority to release information, other than in limited amounts by telephone, with a verified signed and completed release of information form. (Families, attorneys, DFS, etc.)
 - a. Any information given over the telephone or otherwise transmitted regarding a patient needs to be documented in a patient progress note and logged for Health Information staff to transfer to the main HIPPA PROTECTED HEALTH INFORMATION computerized log.

Procedure added 2/18/2003 MKH

